

AF/DFW

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS  
AND INTERFERENCES

In Re Application of Axel Herbst Attorney Docket No.: 6570.P057

Application Number 10/712,472

Filed November 12, 2003

For Efficient Deletion Of Archived Data

Group Art Unit: 2167 Examiner: Susan F. Rayyan

Address to:

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

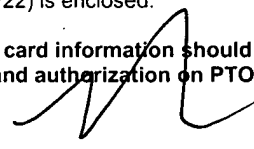
The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 510.00

- [ ] Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_
- [ X ] A check in the amount of the fee is enclosed.
- [ ] Payment by credit card. Form PTO-2038 is attached.
- [ ] The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- [ X ] The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2666. I have enclosed a duplicate copy of this sheet.
- [ ] A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

- [ ] applicant/inventor.
- [ ] assignee of record of the entire interest  
See 37 CFR 3.71, Statement under 37 CFR 3.73(b)  
is enclosed. (Form PTO/SB/96)
- [ ] attorney or agent of record.
- [ X ] attorney or agent acting under 37 CFR 1.34(a).

  
\_\_\_\_\_  
Signature

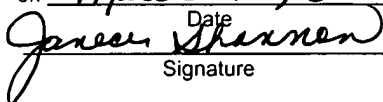
Robert B. O'Rourke  
\_\_\_\_\_  
Typed or printed name

Registration number if acting under 37 CFR 1.34(a) 46,972 \_\_\_\_\_  
(Reg. No.) Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

[ ] \*Total of \_\_\_\_\_ forms are submitted

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\_\_\_\_\_  
Date  
Signature

Janece Shannon  
\_\_\_\_\_  
Typed or printed name



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/712,472
Filing Date	November 12, 2004
First Named Inventor	Axel Herbst
Art Unit	2167
Examiner Name	Rayyan, Susan F.
Attorney Docket Number	6570P057
Total Number of Pages in This Submission	7

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	Client Postcard
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert B. O'Rourke, Reg. No. 46,972
	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	3/13/08

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Janece Shannon		
Signature		Date	3/13/2008

